Revised 06/05

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.lowa.gov/ethics



5/14/09

Date

lows Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lows or received by the Governor on behalf of the state be reported to the lows Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a bopy of this report to the Government Oversight Committee. This form is required to filled within 20 days of receipt of the gift, bequest, or grant.

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state	ſ
Indexed For office use only	_

FORM-GBG

petate of lowe or received by the Governor on behalf of the state be and Campaign Disclosure Board and the Government Oversight Corrovide a copy of this report to the Government Oversight Committed within 20 days of receipt of the gift, bequest, or grant.  DEPAREMENT OR OFFICE RECEIVING THE GIFT, BEQUEST,	iommittee. The Board will tee. This form is required to be	Audited Checked Computer
Clarinda MHI Name of Department or Office		
1800 N 16th Street	Istrinda, IA 51632	
Mailing Address 7/2-542-2161	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	CE:	
Sue Rehwaldt Hays Name		
Mailing Address (If different from above)	City, State, Zip (if different from	om above)
Sue RehwaldtHaya@lowa.gov Ernall Address	712-542-2161 East 3317	mber (if different from above)
Ciarinda, IA 51632  Mailing Address City, State, Zip Code  Area Code & Telephone Number  Email Address (optional)	5/09 Date of Gift, Bequest, or Gra "value is defined as "fair mar receiving department or office	ket value" of item as determined by
Provide a description of the gift, bequest, or grant and purpose thereof:		
Movies		
Criteria to use this form:		
Receipt of any gift, bequest, or grant that is received by any department	of the state or received by the Govern	nor on behalf of the state.
atement of Affirmation; Sue Rehwaldt Hays affirm that the gift, bequest, or grant reporte nor and assessment of the fair market value (if applicable) is correct and the fair market value (if	d above is accurate. I further affirm t	hat the information concerning the

Revised 06/05

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics



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#### FORM-GBG

Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state

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Indexed		
Audited		
Checked		
Computer		

Clarinda MHI	
Name of Department or Office	
Mailing Address	Clarinda, TA 51632 City, State, Zip Code
712-542-2161 Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE
Sue Rehwaldt Hays	TIOL.
Name	
Mailing Address (if different from above)	
Suc. Rohwaldt Hayagalowa, gov	City, State, Zip (if different from above) 712-542-2161 Ext 3317
Email Address	Area Code & Telephone Number (If different from above)
ONOR OF GIFT, BEQUEST, OR GRANT:	
Della Calhoon	
Name	_
Clarinda, IA 51632	
Mailing Address City, State, Zip Code	5/09 \$ 15.00
<u> </u>	
Area Code & Telephone Number	" <b>1</b>
	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	_
Provide a description of the gift, bequest, or grant and purpose thereo	A
	u.
Craft supplies for residents	
Criteria to use this form;	
Receipt of any gift, bequest, or grant that is received by any departme	nt of the state or received by the Governor on behalf of the state
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Suc Rehwaldt Hays I, Suc Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

5/14/09

Date

Revised 06/05

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A 5 **DES MOINES, IA 50319** Fax: (515)281-3701 www.iowa.gov/ethics



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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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OFFICE RECEIVING THE GIFT	

Name Clarinda, IA 51632  Mailing Address Suc Rchwaldt Hays Mailing Address (if different from above) Suc Rchwaldt Hays Mailing Address (if different from above) Suc Rchwaldt Hays Mailing Address (if different from above) Suc Rchwaldt Hays Mailing Address (if different from above) Suc Rchwaldt Hays Mailing Address (if different from above) Suc Rchwaldt Hays Mailing Address (if different from above) Suc Rchwaldt Hays Mailing Address (if different from above)  ONOR OF GIFT, BEQUEST, OR GRANT:  Elise Berndt Name Clarinda, IA 51632  City, State, Zip Code  5/09  \$ 40.00  Date of Gift, Bequest, or Grant Amount/Value*  *value is defined as "fair merket value" of Item as determined receiving department or office. If no value mark "0.00".  Provide a description of the gift, bequest, or grant and purpose thereof: Craft supplies for residents  Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.	Clarinda MHI	
Mailing Address Tity, State, Zip Code Tity, State, Zip Code Tity, State, Zip Code Tity, State, Zip Code Tity, State, Zip (if different from above) SucRchwaldt Hays Name Mailing Address (if different from above) SucRchwaldt Hays Name Clarinda, IA 51632 City, State, Zip (if different from above) Tit2-342-2161 Bzr 3317 Area Code & Telephone Number (if different from above) ONOR OF GIFT, BEQUEST, OR GRANT: Elias Berndt Name Clarinda, IA 51632 Mailing Address City, State, Zip Code Tity, State, Zip Code Tit	Name of Department or Office	
713-542-161  Area Code & Telephona No.  ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:  Sue Rehwaldt Hays  Name  Mailing Address (if different from above)  Sue Rehwaldt Hays  Name  Mailing Address (if different from above)  Sue Rehwaldt Hays  None of Giff, Bequest, or GRANT:  Eliae Berndt  Name  Clarinda, IA 51632  City, State, Zip Code  Clarinda, IA 51632  Foreil Address  City, State, Zip Code  Clarinda, IA 51632  Total Code & Telephone Number (if different from above)  Date of Giff, Bequest, or Grant Amount/Value*  Value is defined as "fair market value" of item as determined receiving department or office. If no value mark "0.00".  Provide a description of the giff, bequest, or grant and purpose thereof:  Craft supplies for residents  Criteria to use this form:  Receipt of any giff, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.		
Suc Richwaldt Hays Name  Mailing Address (if different from above) Suc Richwaldt Hays  Mailing Address (if different from above) Suc Richwaldt Hays  Mailing Address (if different from above) Suc Richwaldt Hays  Mailing Address Area Code & Telephone Number (if different from above)  ONOR OF GIFT, BEQUEST, OR GRANT:  Elise Berndt  Name  Clarinda, IA 51632  Area Code & Telephone Number  Clarinda, IA 51632  Area Code & Telephone Number  Value is defined as "fair market value" of item as determined receiving department or office. If no value mark "0.00".  Provide a description of the giff, bequest, or grant and purpose thereof:  Craft supplies for residents  Criteria to use this form:  Receipt of any giff, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.	712-542-2161	Crty, State, Zip Code
Suc Rchwaldt Hays Name  Mailing Address (if different from above) Suc Rchwaldtspy@love.gov  City, State, Zip (if different from above) 112-342-2161 Ext 3317  Area Code & Telephone Number (if different from above)  ONOR OF GIFT, BEQUEST, OR GRANT:  Elise Berndt Name  Clarinda, IA 51632  Adding Address  City, State, Zip Code  5/09  \$ 40.00  Date of Gift, Bequest, or Grant  Amount/Value*  value is defined as "fair merket value" of item as determined receiving department or office. If no value mark "0.00".  Craft supplies for residents  Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.		
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Suc RehwaldHeys@lova.gov  T12-342-2161 Ext 3317  Area Code & Telephone Number (if different from above)  DNOR OF GIFT, BEQUEST, OR GRANT:  Eliae Berndt  Name  Clarinda, IA 51632  City, State, Zip Code  Telephone Number  Clarinda, IA 51632  Sylves Code & Telephone Number  Telephone Number  Toda of Gift, Bequest, or Grant Amount/Value*  Toda of Gift, Beq		
Suc RehwaldHeys@lows.gov  712-342-2161 Ext 3317  Area Code & Telephone Number (if different from above)  DNOR OF GIFT, BEQUEST, OR GRANT:  Eliae Berndt Name  Clarinda, IA 51632  City, State, Zip Code  Vea Code & Telephone Number  Value is defined as "fair market value" of item as determined receiving department or office. If no value mark "0.00".  Provide a description of the gift, bequest, or grant and purpose thereof:  Craft supplies for residents  Criteria to use this form:  Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.	Mailing Address of Allerman Comments	
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Elise Bemdt tame  Clarinda, IA 51632  City, State, Zip Code  Solde & Telephone Number  Clarinda, IA 51632  Solde & Telephone Number  Total Address (optional)  Provide a description of the gift, bequeat, or grant and purpose thereof:  Craft supplies for residents  Craft supplies for residents  Craft to use this form:  Receipt of any gift, bequeat, or grant that is received by any department of the state or received by the Governor on behalf of the state.		
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5/14/09

Date

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Gift or Bequest information received by a department or accepted by the

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Governor on behalf of the state

**Audited** 

Checked Computer

Revised 06/08

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 ö Fax: (515)281-4073 www.iowa.gov/ethics

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DEPARTMENT	OR OFFICE	RECEIVING	THE G	IFT OR	BEQUEST
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Clarinda MHI	
Name of Department or Office 1800 N 16th St	
Mailing Address	Cinrinda, IA \$1632
712-543-2161	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DE	PARTMENT OF OFFICE.
Suc Rehwaldt Havs	THE TOTAL OF THE CONTRACT OF T

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Suc Rehwaldt Hays	
Name	
Mailing Address (if different from above)	
Suc. Kenwaldiraya@iowa.gov	City, State, Zip (if different from above)
Email Address	712-542-2161 Ext 3317
	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

Tornholm Family	
Clarinda, IA 51632  Mailing Address City, State, Zip Code	12/21/09 \$55.00
	Date of Gift or Bequest Amount/Value*
Emall Address (optional)	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Cash donation to the Forgotten Patient Fund

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

Sue Rehwaldt Hays , Sue Rehwaldt Hays \_\_\_\_affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signaturé

1/13/10 Date